

Barataria Preserve Education Center 6588 Barataria Blvd. Marrero, LA 70072 (504) 689.3690 ext. 25

Barataria Preserve Summer Camp 2017

Keep this page for your reference.

- See the next page for camp dates.
- Junior Ranger Camp is filled on a first-come, first-served basis. There is a limit of 20 campers for each session.
- One application must be completed for <u>each</u> camper and signed by parent/guardian.
- All camp sessions are from **9:00 am through 3:00 pm**.
- You may register your child for one (1) week of camp only.
- Camp may be paid for by cash or checks only. Check or money order should be made out to "Eastern National" and include Camp Session number and camper's name in the check memo section. Fees are not refundable and no partial payments are accepted.
- Completed applications must be returned to the Visitor Center with full payment to register your child.
- Children may only attend the camp for their age group, no exceptions can be made. The camper must be 6 or 9 years old by the first day of their camp session.
- All 6 year olds must have completed kindergarten to attend camp.

Camp details:

- The Education Center is not open before 8:45 am or after 3:15 pm. Parents are responsible for dropping children off between 8:45-9:00 am and picking up ontime.
- In case of emergency, (i.e. late pick-up) parents should call numbers below to notify staff.
- Campers must bring a lunch and drink, snack, and a re-fillable water bottle or canteen.
- All campers must closed-toes sneakers. You may send a pair of rain boots with your camper if rain is a possibility that day.
- Campers should be in play clothes that can get muddy and wet.
- Parents should prepare campers with sunscreen and/or insect repellent prior to dropping off their children.
- Campers may not bring video games or other electronics to camp. Phones must remain in lunch kits at all times during camp hours.
- Phone Numbers:
 - Ranger Stacy before June 5: (504) 689.3690 ext. 25
 - Ranger Stacy June 5-July 14 (504) 382.0294



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2017 Summer Camp Sessions Registration begins Saturday, April 8 at 8:00 am Session #1 June 5-9 Ages 6-8 \$25.00 Ages 6-8 Session #2 June 12-16 \$25.00 Ages 9-11 Session #3 June 19-23 \$50.00 Ages 9-11 Session #4 June 26-30 \$50.00

Your child must be 6 or 9 years old by the first day of camp.

All 6 year olds must have completed kindergarten.

| Session Desired: | | | | |
|---|------------------------------|--|--|--|
| Include the camp session number on check. You may only register | a child for 1 camp session. | | | |
| Camper Information | | | | |
| Camper's name: | | | | |
| Age: Male Female | e | | | |
| Parent/Guardian Information | | | | |
| Parent/Guardian name: | | | | |
| Parent's Email address: | | | | |
| Phone number (day): Cell Phone: | | | | |
| Emergency contact and phone: | | | | |
| May we have permission to use photographs of your child for camp | and park publicity purposes? | | | |
| Yes No (Photo release is included with application) |) | | | |
| Parent/Guardian Consent | | | | |
| This is to certify that | • • | | | |
| participate in all of the National Park Service sponsored Junior Rang Lafitte National Historical Park and Preserve. | ger Camp activities at Jean | | | |
| Signature of parent/guardian | Date | | | |



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Medical Information

| Does your child have any of the following: | | |
|--|--|---|
| Allergies | Yes | No |
| Significant medical or behavioral problems t | Yes | No |
| Is your child taking any medications? | Yes | No |
| If you answered "yes" to any of the above questions, please use this space to allergies, or other medical problems. | o clarify medica | ations, |
| Child's Primary medical provider: | | |
| Address: | | |
| Phone number: | | |
| Emergency Care Consent In the event of illness or accident during my child's participation in Junundersigned, hereby give consent to the National Park Service (NPS) to aid and/or administer emergency care and/or treatment through a clinic should the NPS deem it necessary. Additionally, I agree to pay the entir contingent upon emergency medical care and/or treatment for my child under this consent. This agreement will continue as long as the particip Jean Lafitte National Historical Park and Preserve's Junior Ranger Ca | provide emerga c/doctor or hosp re cost and fees as secured or a pant is registere mp 2014. | ency first pital uthorized d for the |
| Signature of parent/guardian | Date | 2 |
| How many times has your child attended camp at the Barataria Pro How did you hear about camp? Please check one: Attended camp before | | |
| Jean Lafitte NHP& Pres. websiteRanger at a Community EventFlyer a | | |



Photo Release Form

I hereby grant the National Park Service permission to use my likeness in a photograph in any and all publications for Government or nongovernment purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the National Park Service and will not be returned.

I hereby irrevocably authorize the National Park Service to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the National Park Service's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the National Park Service from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I agree to indemnify and hold the Government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

| Signature/Date | | | |
|--|---|----------------|----------------|
| Printed Name/Date | | | |
| Address | | | |
| City | State | Zip Code | |
| Phone | | | |
| If the person signing is under age 18, there must b | pe consent by a parent or guardian | ı, as follows: | |
| I hereby certify that I am the parent or guardian of | of | | , named above, |
| and do hereby give my consent without reservation | on to the foregoing on behalf of th | is person. | |
| Parent or Guardian's Signature/Date | | | |
| Parent or Guardian's Printed Name/Date | | | |
| Privacy Act Statement: This information is provided authorizing acceptance of the information requested on Service with contact information pertaining to this relea | this form. The data you furnish will be | | |

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08/2006

The National Park Service cares for special places saved by the American people so that all may experience our heritage.